

April 27, 2010

Los Angeles County Board of Supervisors

TO:

Each Supervisor

Gloria Molina First District

FROM: John F. Schunhoff, Ph.D.

Interim Director

Mark Ridley-Thomas Second District

Zev Yaroslavsky SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS REPORT #34 (Agenda Item #S-1,

April 27, 2010)

Don Knabe Fourth District

Michael D. Antonovich Fifth District

John F. Schunhoff, Ph.D. Interim Director

Gail V. Anderson, Jr., M.D.
Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of March 2010 and represents trending for eighteen months post-move.

#### **Census Trending (ADC includes Psychiatric & Newborn Patients)**

The Average Daily Census (ADC) for the month of March was 586 out of 671 licensed beds, an estimated 85% utilization rate (87% occupancy). The census for Medical/Surgical units was an estimated 94% utilization rate (96% occupancy) for March 2010.

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**Emergency Department (ED) Indicators** 

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Key indicators in Attachment #1 continue to fluctuate up and down, however, they demonstrate relative stability with no specific outliers or areas of significant concern. Staff continue to work on patient flow initiatives in the ED as well as on various initiatives in the inpatient setting including, but not limited to, analysis of discharge processes and implementation of associated strategies as a part of the Department's system wide strategic planning efforts.

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#### Transfers Out and Average Length of Stay (ALOS)

The number of transfers out to Rancho and other hospitals was 181 during this period, the highest monthly volume since the move. Transfers to other hospitals include Medi-Cal patients to a variety of accepting private hospitals as well as transfers of indigent patients to Silver Lake Medical Center per a Board approved agreement in November 2009.

A major factor influencing the stability of key indicators is the maintenance of ALOS at or below the target of 5.5 days/patient. In March 2010, the ALOS decreased to a low of 5.3, the lowest level post-move.

#### Staffing Model Update

On December 22, 2009, I provided your Board with requested information on the zero-based staffing model developed by a consultant, Affiliated Computer Services (ACS), prior to the



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move to the new facility. This ACS staffing model matrix used comparisons to the same services in other hospitals nationally and provided varying percentiles of staffing to be achieved to maximize efficiency and reduce staffing costs. The 25<sup>th</sup> percentile is descriptive of the most efficient, lean organization while the 75<sup>th</sup> percent level is reflective of an inefficient, overly staffed organization. The target percentile may be different in each service or functional area to which it is applied; however, the 50<sup>th</sup> percentile is considered "average".

With stabilization of services and processes in the new facility, the Department is providing a follow-up report in 90 days on application of the model to various services, starting with all Laboratory Services. The analysis of these services involved detailing the various laboratory workload units, staffing resources and outlier functions. The Laboratory Service, as a whole, is at approximately the 33<sup>rd</sup> percentile. LAC+USC senior management will use the results, in conjunction with other information, to evaluate the appropriateness of requests to hire additional laboratory staff, including registry personnel, and to approve use of overtime. For this service, any request to add FTEs for a functional area at or above the 50<sup>th</sup> percentile will be critically reviewed and denied unless properly justified on a case-by-case basis.

LAC+USC has begun applying and updating the zero-based staffing model for Physical Therapy, Occupational Therapy, Speech Pathology, and Audiology services. LAC+USC is projected to complete the analysis of these areas in 60 days.

If you have any questions or need additional information please contact me or Carol Meyer, Chief Network Officer at (213) 240-8370.

JFS:CM:pm 811:003

#### Attachment

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

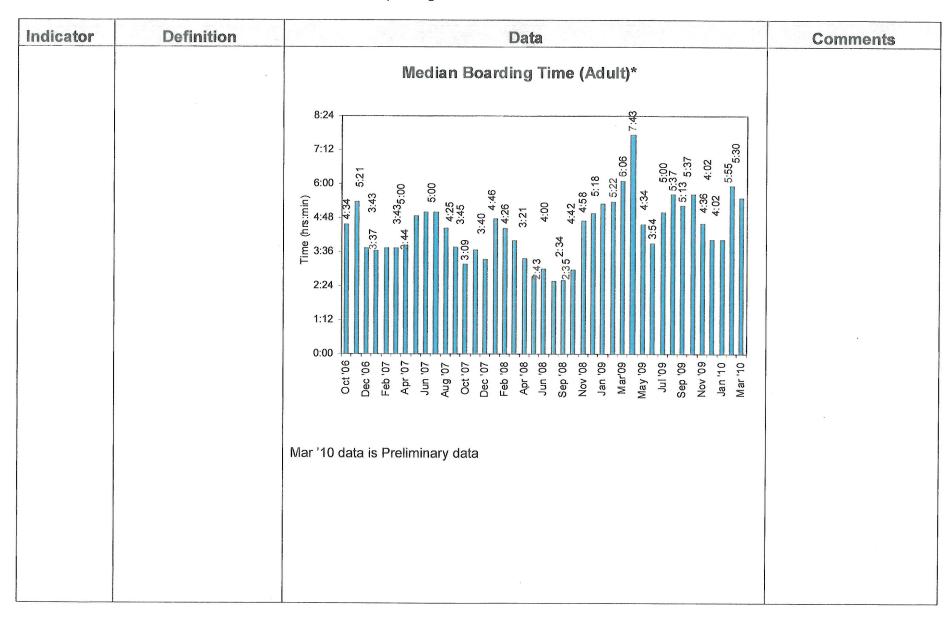
Indicator	Definition	Data	Comments
Indicator #1	<ul> <li>Trends in Average Dai</li> </ul>	ly Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.  Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month.  Source of Data: Affinity	ADC    Substituting   Substituting	ADC provided as background information.

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Indicator	Definition	Data	Comments
Indicator #1	<ul> <li>Trends in Average Dail</li> </ul>	Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.  Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.  Source of Data: Affinity  Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600  80%	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator	Definition	Data	Comments
		Medical Center Licensed Occupancy Rate (including Newborns)	
		Med Center Census + Newborn /600	
		84% 85% 85% 86% 86% 88% 88% 87% 84% 84% 89% 88% 86% 86% 86% 86% 86% 86% 86% 86% 86	
		3. Healthcare Network Budgeted Occupancy	
		Med Center Census + Newborns + Psych Hosp Census / 671  90%	
		40' 06' 18' 68' 18' 18' 10' 10' 18' 18' 18' 18' 18' 18' 18' 18' 18' 18	
		Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
Median Emergency Department Boarding Time (EDBT)  Calc The set of board mont incree there numl the n	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	Median EDBT  8:24  7:12  6:00  4:48  3:36	
	Calculation: The middle value in the set of individual coarding times for the month arranged in ncreasing order. If there is an even number of values, then the median is the average of the middle	2:24 1:12 0:00 Adult Peds Total  Nov '08 Dec '08 Jan '09 Feb '09 Mar '09 Apr '09 May '09	
	two values.  Source of Data: Affinity Target:	☐ Jun '09 ☐ Jul '09 ☐ Aug '09 ☐ Sep '09 ☐ Oct '09 ☐ Nov '09 ☐ Dec '09 ☐ Jan '10 ☐ Feb '10 ☐ Mar '10  Mar '10 data is Preliminary data	



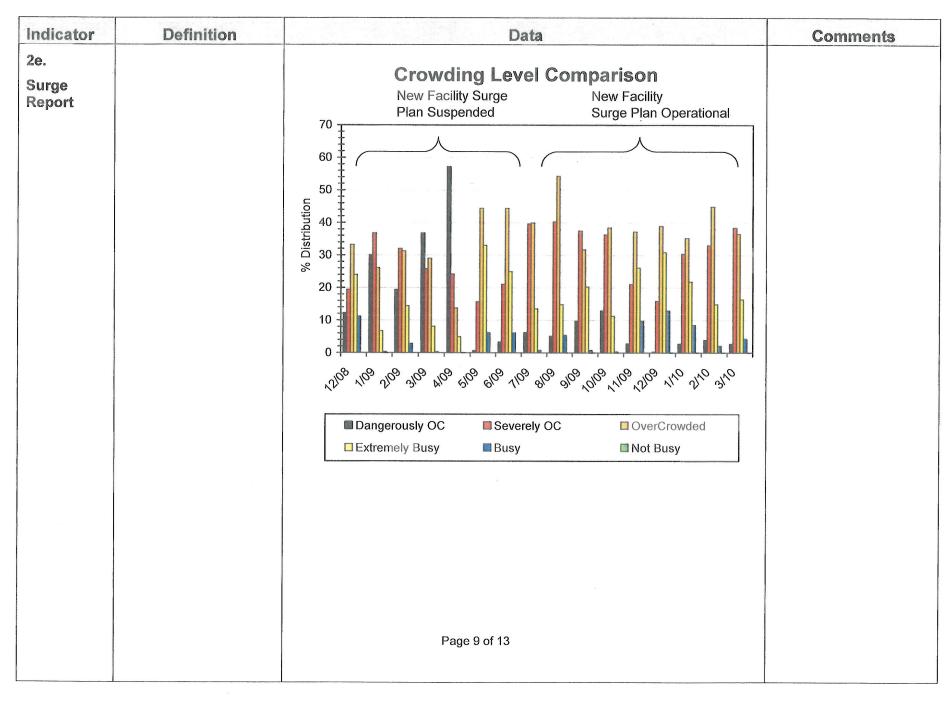
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.  Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values.  Source of Data: Affinity  Target: No target value. Lower numbers are better.	Average ED Wait Time    14:24	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 2000 Left Without Being Seen 2600 18% 16% 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis.  Source of Data: Affinity Target: No target value. Lower numbers are better.	21500	

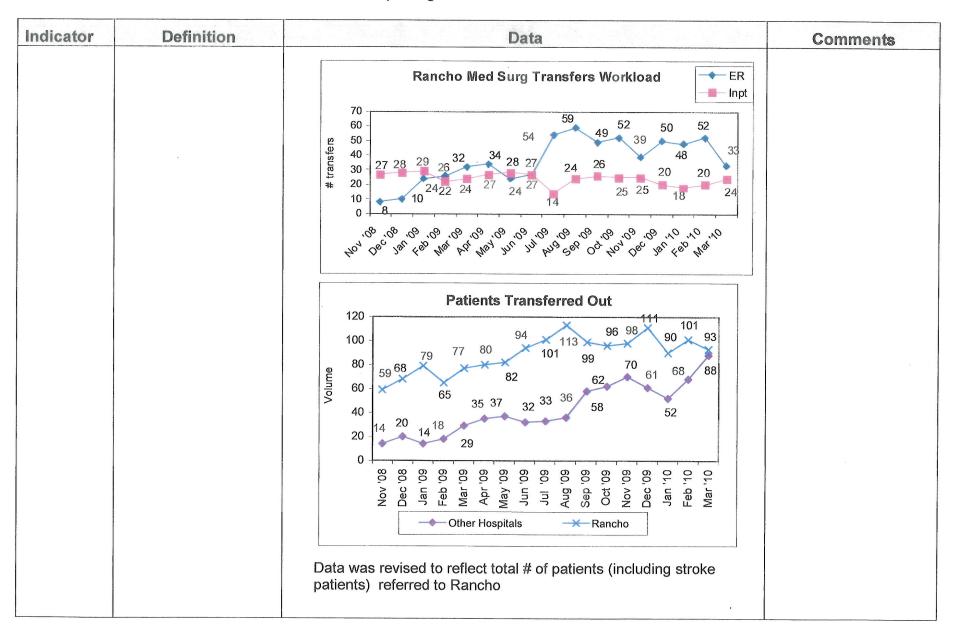
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.  Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.  Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation  70  60  49  45  42  44  38  38  38  38  36  30  25  2121  10  99  99  90  90  90  90  90  90  9	This is slightly lower than the before move diversion history which generally ranged between 50-60%.  Key points:  Diversion is for paramedic runs only; Basic Life Support ambulances still arrive When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".

#### **LAC+USC Medical Center**

Operational Monitoring Report Reporting Period – March 2010



Indicator	Definition		Comments			
Indicator #3	- Trends for Patient Dive	ersions and Transfers & #4	l – Transfers	s to Rancho Los	Amigos Metrics	
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of Mar '10 Referrals from ER:				
Los Amigos	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	71	NA		
Transfers	Inpatient Units.	# Referred to RLAH	54	30	84	
	Data Source:	# Transfers	33	30	63	
	Manual record keeping.	# Denied	21	NA	-	
		# Cancelled	17*	NA	-	
	Cancelled category includes patients whose condition changed leading to	# Patients refused*	12	NA		
		Referrals from Inpatients	<u>:</u>			
	higher level of care or discharge home.		Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	58	NA	-	
		# Referred to RLAH	46	6	52	
		# Transfers	24	6	30	
		# Denied	22	NA	-	
		# Cancelled	12*	NA	-	
		# Patients refused*	. 0	NA	-	
		Other /Pending	0	NA	_	



Indicator	Definition	Data	Comments
Indicator #5	- Harris Rodde Indicator	s	
Average Length of Stay	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the same.	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation  ALOS	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior
*Harris Rodde Indicator	Total LOS:  Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	6.5 6.4 6.5 6.4 6.0 6.0 5.9 6.1 6.2 6.1 6.5 6.5 6.6 5.6 5.6 5.6 5.6 5.6 5.6 5.6	to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.
	Source of Data: Affinity	Oct '06 Dec '06 Feb '07 Aug '07 Oct '07 Oct '07 Dec '07 Feb '08 Apr '08 Aug '08 Aug '07 Out '07 Out '07 Out '07 Out '07 Out '07 Jun '08 Jun '08 Jun '08 May '09 Jun '09 Jan '10	
	Target: <5.5 days	─── Target ALOS ——— Actual ALOS	

#### **LAC+USC Medical Center**

### Operational Monitoring Report Reporting Period – March 2010

Indicator	Definition			Data			Comments
Indicator #6 – P	ediatric Metrics	***************************************					
Pediatric Bed Census and Occupancy (%)	Census: The total number admitted pediatric inpatients at 12:00 AM midnight of a designated pediatric ward.	Date Nov-08 Dec-08	NICU (40 Beds) 56%	Peds Ward (25 Beds) 54% 60%	PICU (10 Beds) 50%	Med/Surg Adolescent (20 Beds) 33% 40%	·
Pediatric ICU (PICU) Neonatal ICU (NICU) Pediatric Unit Adolescent Unit	Occupancy: The total number of admitted pediatric inpatients divided by the total number of	Jan-09 Feb-09 Mar-09 Apr-09 May-09 Jun-09 Jul-09	52% 50% 57% 57% 62% 60% 57%	68% 80% 72% 60% 72% 64% 72%	70% 80% 70% 60% 70% 60%	75% 85% 80% 75% 80% 75%	
	Source of Data: Affinity	Aug-09 Sep-09 Oct-09 Nov-09 Dec-09 Jan -10 Feb -10	55% 55% 45% 35% 40% 60% 65%	64% 68% 60% 64% 64% 68% 84%	60% 70% 60% 70% 70% 70% 80%	80% 80% 80% 70% 65% 70% 80% 75%	